



THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL EXPENSE VOUCHER
DIVISION NAME
ACCOUNT: 0000-0000

{FOR BU's: 1, 2, 3, 4A, 6 and 9 ONLY}

DEPARTMENT OF PUBLIC HEALTH

ACCOUNTING USE ONLY

LOGGED INTO ERTS:

DOCUMENT REVIEWED:

ACCOUNT REVIEWED:

ENTERED INTO HR/CMS:

FINAL REVIEW:

LOGGED OUT ERTS:

		EMPLOYEE ID#						
		HOME ADDRESS						
CONSULTANT: Y		REGULAR WORK HOURS						
N		M	T	W	TH	F		
PRIVATE Auto Mileage		Odometer Reading				MEALS		
Miles	Amount	Beginning/Ending				Breakfast	Lunch	Supper
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Please fill out for each Object code

OBJECT CODE

B02	\$	
B05		
B10		
B01	\$	

INITIALS

DATE

OUT OF STATE TRAVEL - AIRFARE
OUT OF STATE TRAVEL - HOTEL/LODGING
TRAVEL AND OTHER EXPENSES FOR CONTRACTED SERVICES
TOTAL AMOUNT

Signed _____

TRAVELER

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the Commonwealth, and conform fully with the Travel Rules and Regulations.

Signed _____

SUPERVISOR

	BB1	\$	-
	B1B	\$	-
	C98	\$	-

APPROVING AUTHORITY SIGNATURE

DATE

Cell: B6

Comment: ENTER
DIVISION NAME

Cell: B7

Comment: ENTER
ACCOUNT NO

Cell: A23

Comment: PLEASE ENTER DATE

Cell: B23

Comment: THIS IS A MANADATORY FIELD!!!!

PLEASE ENTER A DESCRIPTION

Cell: A24

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Folk_OIG_PRR_112717

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